

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/893740

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1						51			DEP.
2							52			
3							53	/		
4							54	/		
5							55	/		
6							56	/		
7							57			
8							58	/		
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.	12		
TOTAL DEP.							TOTAL DEP.	29		
TOTAL CLAIMS							TOTAL CLAIMS	41		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS